



Choctaw Nation of Oklahoma

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TESTIMONY PRESENTED TO THE HOUSE APPROPRIATIONS SUBCOMMITTEE FOR LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ON THE FY 2007 BUDGET for THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

BY
GREGORY E. PYLE, CHIEF
MARCH 29, 2006

Halito [Greetings].

It is an honor to be invited to present oral testimony before this Subcommittee on the Department of Health and Human Services' FY 2007 Budget. I am Gregory E. Pyle, Chief of the Great Choctaw Nation of Oklahoma and I thank you for this most gracious opportunity.

Over the past decade there have been an unprecedented number of Congressional hearings convened and numerous Federal studies and reports written that focused on the unmet needs of federal funding for programs and services for the benefit of American Indian and Alaska Native (AI-AN) people. Those who consider our numbers as relatively small and our percentages too minute to register on established government-reported tracking scales have labeled us an "invisible minority". According to the 2000 Census, there was a 26% increase in the American Indian and Alaska Native category, not including the combination category, yet the U.S. population only increased by 13%.

We are a humble people with a unique relationship with this Country that came at a high price; a price that we continue to pay. However, as sovereign Nations, it is necessary for much of our Federal funding to still go through the States instead of coming to us directly from the Federal government. The Federal trust obligation is exclusive to Tribes as we are the only population to have a Trustee. Most Tribes are tolerant of the Tribal-State relationship, even when there is adversity, because our Trustee requires it. Yes we are different. We are unique and we do understand the value in working with and getting along with others. We know that our differences are small compared to the investments that Tribes have already made in these partnerships. However, without partners, progress would be limited.

PRIORITY ONE: CONTINUE FUNDING for TRIBAL DIABETES BEYOND FY 2008

American Indians and Alaska Natives have the highest prevalence of type 2 diabetes in the **world**, not just the U.S. but also the entire world! The Tulsa World recently reported that 7% of the U.S. population, 20.8 million Americans, has diabetes, a 14% increase over two years ago. According to the American Diabetes Association, the average cost of diabetes care per patient

per year is over \$13,000 and pharmaceuticals are a large portion of that cost. The Indian Health Service reports that the diabetic per capita personal health care expenditure for American Indian and Alaska Native patients is \$2,133. The agency estimates that it would cost approximately \$425 million per year to care for those who are currently diagnosed with diabetes.

The University of Oklahoma is proposing to enter into a partnership with the State and the Tribes to build a Diabetes Center of Excellence that will be one of the top diabetes centers in the Country. Oklahoma ranks at the top of the states in the per capita number of citizens who suffer from diabetes. One in 10 people have diabetes in Oklahoma compared to 1 in 15 nationally. According to the Center for Disease Control and Prevention (CDC), of the children born since 2000, 1 in 3 will develop diabetes before age 50 and it is 1 in 2 for Hispanic, African American and Native American populations. The Center will conduct research and provide treatment in a state that ranks at the top among states in per capita number of citizens who suffer from diabetes.

In 1997, the Balanced Budget Act provided \$150 million over 5 years for the prevention and treatment of diabetes in American Indians. The funds were reauthorized for in an additional period of 5 years, 2004-2008, at \$150,000 each year. We are approaching the end of that authorized funding cycle and the future funding for diabetes is uncertain given the current fiscal constraints. Last year Congress cut federal funding for diabetes research and prevention. In FY 2007, the Administration proposes to cut another \$30 million.

In addition, we will continue partnerships with the National Institutes of Health (NIH) and CDC to compliment the Center and to explore funding opportunities within both of these agencies.

We request that the Subcommittee continue to support funding for diabetes and include language in the FY 2007 Budget that will support the reauthorization of this special appropriation to maintain funding at \$150 million a year beyond FY 2008.

PRIORITY TWO: PANDEMIC INFLUENZA PLAN – TRIBAL SET-ASIDE

The bioterrorism threat and the pandemic flu are serious matters warranting serious actions. Tribes will need every resource available to prepare for an influenza pandemic. Our survivability depends on how involved we are in all aspects of planning while the clock speeds up and the H5N1 avian flu virus rapidly spreads. **We request a Tribal Set-Aside to address the special needs of Tribes and Tribal communities.**

The HHS received \$3.3 billion from Congress and Secretary Leavitt has put everyone on notice that it is only a matter of time before the pathogenic H5N1 avian flu virus lands in America taking into consideration the migration patterns of the viral carrier. The Choctaw Nation of Oklahoma is concerned that there is not a Plan for Indian Country that will address the special circumstances and concerns of Tribes:

- (1) Cultural and Traditional Practices that involve Birds. For many Tribes, birds have cultural and traditional significance. It is understandable that infected wild fowl would be destroyed. However, in the event that the fear factor consumes some of the citizens of this country, we do not want an all out war on fowls to occur. **We recommend that the U.S. Fish and**

Wildlife Service be consulted on this matter to alleviate the potential extinction of fowls that do not pose a national safety threat to the people or the Country.

- (2) Tribal and IHS medical facilities are staffed with personnel from the Commission Corp. In events such as 911 and Hurricane Katrina, Tribal facilities were left with skeletal medical staff for weeks. Urban areas are not subject to losing medical staff during such emergencies, yet because we are staffed with Federal employees our service delivery to patients in our facilities is compromised. **We ask that the Secretary work with Tribes to develop a plan on the usage of Tribal Medical Personnel as Emergency Responders for National Emergencies. This will allow Tribal facilities to remain staffed by experienced qualified personnel and Commission Corp personnel will work on a rotation basis. This will insure that the medical needs of the Tribal communities are not compromised.**
- (3) We are encouraged by the language directing the states to distribute funds to Tribes. However, there needs to be assurances that these directives will be adhered to by the states or that penalties will be imposed. **We ask that the Plan includes a penalty for any state that does not follow the funding distribution guidance to Tribes set forth by HHS.**

**PRIORITY THREE: HEALTH PROMOTION AND DISEASE PREVENTION (CDC);
DIABETES (NIH-NIDDK) AND METHAMPHETAMINE (SAMHSA)**

HEALTH PROMOTION AND DISEASE PREVENTION - CDC

Restore \$20 Million

In the President's FY 2007 the Center for Disease Control and Prevention will incur a \$20 million dollar cut for Chronic Disease Prevention and Health Promotion. Since 2005 this line item has been decreased \$80 million. The funding loss to the National Diabetes Education Program, where partners work together to improve the treatment and outcomes of diabetes in individuals, families, communities and health care systems, will have long reaching negative impacts. Also the planning and information sharing for addressing chronic diseases in times of disasters will be compromised unless this program will be subsidized under the Secretary's Pandemic Influenza Plan.

In addition, this office works in collaboration with the Office of Minority Health (OMH) to identify disparities relative to chronic diseases among racial and ethnic groups. The FY 2007 proposed budget for OMH is \$46 million, a \$10 million decrease because of an earmark in the 2006 enacted level that was included by Senator Thad Cochran of Mississippi.

***NATIONAL INSTITUTE OF DIABETES & DIGESTIVE & KIDNEY DISEASE (NIDDK)-
NIH***

Restore \$11 Million

Since 2005 the budget for the National Institute of Diabetes & Digestive & Kidney Disease has been cut by \$20 million. Within the NIDDK, there is a Division of Diabetes, Endocrinology and Metabolic Diseases and Diabetes Research Programs providing research, training and coordinates federally supported diabetes-related activities. We ask that you restore the \$11 million in the FY 2007 President's budget.

METHAMPHETAMINE TREATMENT PROGRAMS – SAMHSA

Restore \$24 million

Methamphetamine use, abuse and dependency statistics have soared since 2004 and yet the Administration has reduced funding the Substance Abuse and Mental Health Services Administration's Substance Abuse and Treatment Programs of Regional and National Significance by \$24 million. Tribes are reporting staggering cases of crime, domestic violence and drug and alcohol abuse that are attributable to the sale and manufacturing of methamphetamine in their communities. Collaboration across the federal jurisdictional boundaries is needed to make a concerted effort to reclaim our people and our communities.

The Choctaw Nation will host a *Town Hall* meeting Oklahoma in June 2006 to convene representatives from Oklahoma Tribes, SAMHSA, Office of Justice Programs (OJP), Office of Violence Against Women (OVAW), Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA). The purpose of the meeting is to share efforts and develop strategies to address drug abuse, crime and domestic violence in our community. This meeting is of Regional and National significance and will serve as a pilot effort for other Tribes to conduct similar sessions.

The \$24 million will support initiatives such as the *Town Hall* meeting at Choctaw. If these funds are cut, we ask that the Committee to instruct the Department to identify other resources that can be used for this purpose and related efforts for Tribes.

Again, I appreciate being here to present this testimony on the Department of Health and Human Services FY 2007 Budget.

Yakoke {Thanks.}.